

# E.O.T.C Day Trip

Date Submitted \_\_\_\_\_ Teacher in Charge \_\_\_\_\_

Office Advised?  YES  NO

On Weekly Planner?  YES  NO

*To be submitted to the DP, one week prior to the activity taking place.*

Name of the group:	
Number of students attending:	
Accompanying staff:	
Type of activity: Where are you going to:	
Link to the Curriculum: (Eg: NCEA Physed AS 2.8)	
Date of trip:	
Back-up date if required:	
Time of departure and return to and from Tamatea High School:	Leave:  Return:
Mode of transport:	
Drivers Licence on file in school office (if driving a school van):	<b>Yes/No</b> (If no, ensure this is done immediately) Driver(s) name(s):
All Teacher's mobile phone numbers:  Venue phone number:  Nigel Groom	   021 242 0462
Staff and student list of names:	Please attach a complete copy. Put a copy on the staff notice board. Give a copy to the Administration Office.
<b>RAMS Form</b>	Please attach a complete copy of your RAMS (if required because of the nature of your trip)
Budget; (attach budget sheet from <a href="#">T:\EOTC\EOTC Budget spreadsheet 2008.xls</a> )	Please complete a budget sheet so that if required it can be presented to the Board.

Principal's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**E.O.T.C DAY TRIP  
RAMS FORMS**

<p><b>UNDESIRED EVENTS -</b> Accidents, injury, other forms of damage or loss.</p> <p><b>LIKELY FACTORS CAUSING UNDESIRED EVENTS -</b> people, equipment, environment</p>	<p>Death, illness, lost people, damage to property, laws broken, fire, natural disaster, accident, hunger, emergency at home.</p> <ul style="list-style-type: none"> <li>• <i>Staff not vigilant enough with the students</i></li> <li>• <i>Emotional/social/psychological/personal problems</i></li> <li>• <i>Undisclosed medical problem</i></li> <li>• <i>Transport breaks down</i></li> </ul>
<p><b>RISK MANAGEMENT STRATEGIES</b> - Pre Activity</p>	<p><i>Date location last visited by .....</i></p>
<p><b>RISK MANAGEMENT STRATEGIES</b> - During activity</p>	

<b>CRISIS MANAGEMENT STRATEGIES</b> Emergency Plans	First Aid by (person/s): Group Activities (person/s): Assistance obtained by (person + method):  Dial 111 for Rescue Helicopter  Evacuation Plans: <i>Meet</i>  Alternative Plans: Back to school early  Other: Cancel trip
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<b>Approval for Implementation</b>			
EOTC Co-ordinator	NA (Theresa)	Comment	Initial
SAT NA (Theresa)			

<b>Gear List: Emergency/Specialist</b> SAT team will tick required items below Staff leader to tick when gear collected and returned			
Item	Required	Collected	Returned
First Aid Kit	Yes No.	1 per adult	
First Aid Book			
Bush Survival Book			
Put all cell phone	numbers on front page		